

Exhibit 1

Occupants & Vehicles KDOT Form 850B page 1 - Rev. 2019				DRIVER & PASSENGER INFORMATION (record pedestrians on supplemental form 854)				Investigating Officer / Badge No. C.STOKES 2285		Local Case No. 20C010471		Page of 2 / 3											
TU# VIOLATIONS CHARGED				CITATION#				TU# VIOLATIONS CHARGED				More violations in narrative <input type="checkbox"/> CITATION#											
OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS CRASH (FACTOR TYPE, TU#, CC CODE)																							
D1		02		D1		24																	
Unit #	DRIVER Last Name		Middle Name		DRIVER ADDRESS (Number, Street, Suffix, etc.)				Personal Phone Number		Gender	SE Used	Inj Severity	Transpt Unit									
Seat Type	DRIVER First Name		Date of Birth		City State Zip				Work Phone Number		Age	Eject/Trap	Eject Path	Extrication?									
TU	01								Personal			S	N										
ST	01								Work			N		<input type="checkbox"/>									
TU			MN		New address? <input type="checkbox"/>				Personal														
ST			DOB						Work					<input type="checkbox"/>									
TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)				TRAFFIC UNIT# (02, 04, N2, X4, etc)																			
DL State	Driver's License Number			DL Class	Driving for Employer? <input type="checkbox"/>			CDL?	DL State	Driver's License Number			DL Class	Driving for Employer? <input type="checkbox"/>									
01																							
DR LICENSE COMPLY				RESTRICT COMPLY				COMMERCIAL ENDORSEMENTS				DR LICENSE COMPLY				RESTRICT COMPLY				COMMERCIAL ENDORSEMENTS			
00 Not licensed				Restrictions? <input checked="" type="checkbox"/> N				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>				00 Not licensed				Restrictions? <input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>			
01 Valid License				Driver's Lic Restrictions Y N				Z - None				01 Valid License				Driver's Lic Restrictions Y N				Z - None			
02 Suspended				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>				T - Double/Triple Trailer				02 Suspended				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>				T - Double/Triple Trailer			
03 Revoked				2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>				P - Passenger Vehicle				03 Revoked				2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>				P - Passenger Vehicle			
04 Expired				3 <input type="checkbox"/> 4 <input type="checkbox"/>				N - Tank Vehicle				04 Expired				3 <input type="checkbox"/> 4 <input type="checkbox"/>				N - Tank Vehicle			
05 Cancl'd or Denied				4 <input type="checkbox"/>				H - Placarded Haz. Material				05 Cancl'd or Denied				4 <input type="checkbox"/>				H - Placarded Haz. Material			
06 Disqualified								X - Combination Tank/HazMat				06 Disqualified								X - Combination Tank/HazMat			
07 Restricted								S - School Bus				07 Restricted								S - School Bus			
99 Unknown								U - Unknown				99 Unknown								U - Unknown			
SUBSTANCE USE (mark all that apply)								SUBSTANCE USE (mark all that apply)															
<input checked="" type="checkbox"/> AP - Alcohol ingested								<input type="checkbox"/> DC - Illegal drugs contributed															
<input checked="" type="checkbox"/> AC - Alcohol contributed								<input type="checkbox"/> MP - Medication ingested															
<input type="checkbox"/> DP - Illegal drugs ingested								<input type="checkbox"/> MC - Medication contributed															
METHOD OF DETERMINATION (mark all that apply)				IMPAIRMENT TEST (mark all that apply)				METHOD OF DETERMINATION (mark all that apply)				IMPAIRMENT TEST (mark all that apply)											
<u>ALCOHOL</u>				<u>DRUGS</u>				<u>ALCOHOL</u>				<u>DRUGS</u>											
<input type="checkbox"/> 00 No evidence of impairment				<input checked="" type="checkbox"/> NG - No Test given				<input type="checkbox"/> 00 No evidence of impairment				<input type="checkbox"/> NG - No Test given											
<input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc)				<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)				<input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc)				<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)											
<input type="checkbox"/> 02 Preliminary Breath Test PBT				<input type="checkbox"/> PT - Prelim Positive Test (PBT)				<input type="checkbox"/> 02 Preliminary Breath Test PBT				<input type="checkbox"/> PT - Prelim Positive Test (PBT)											
<input type="checkbox"/> 03 Behavioral				<input checked="" type="checkbox"/> TG - Evidentiary Test given				<input type="checkbox"/> 03 Behavioral				<input type="checkbox"/> TG - Evidentiary Test given											
Tests: HGN, walk-and-turn, one leg stand, etc.				<input type="checkbox"/> RP - Results pending				<input type="checkbox"/> 04 Passive Alcohol Sensor				Tests: HGN, walk-and-turn, one leg stand, etc.											
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)				<input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid				<input type="checkbox"/> 05 Observed				<input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid											
<input checked="" type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)				0. 171 0.				<input type="checkbox"/> 06 Other (e.g. saliva test)				<input type="checkbox"/> 06 Other (e.g. saliva test)											
<input checked="" type="checkbox"/> 06 Other (e.g. saliva test)				Drug screen result <input type="checkbox"/>				<input type="checkbox"/> 06 Other (e.g. saliva test)				<input type="checkbox"/> 06 Other (e.g. saliva test)											
Unit #	PASSENGER Last Name		Middle Name		PASSENGER ADDRESS (Number, Street, Sfx, etc.)				Personal Phone Number		Gender	SE Used	Inj Severity	Transpt Unit									
Seat Type	PASSENGER First Name		Date of Birth		City State Zip				Work Phone Number		Age	Eject/Trap	Eject Path	Extrication?									
TU			MN		New address? <input type="checkbox"/>				Personal														
ST			DOB						Work					<input type="checkbox"/>									
TU			MN		New address? <input type="checkbox"/>				Personal														
ST			DOB						Work					<input type="checkbox"/>									
TU			MN		New address? <input type="checkbox"/>				Personal														
ST			DOB						Work					<input type="checkbox"/>									
TU			MN		New address? <input type="checkbox"/>				Personal														
ST			DOB						Work					<input type="checkbox"/>									
Transport Unit		EMS Time Notified		Injured taken by:		Transport Unit		EMS Time Notified		Injured taken by:													
EMS Arrived		EMS Time @ Hosp		Injured taken to:		EMS Arrived		EMS Time @ Hosp		Injured taken to:													

Occupants & Vehicles 850B page 2		VEHICLE# 01 (01, 03, N3, X3, etc)	SPECIAL DATA	VEHICLE# (02, 04, N2, X4, etc)	SPECIAL DATA	Local Case No. 20C010471	Page of 2 / 3		
[Redacted Occupant Information]				OWNER Last Name ("Same" if Driver)		OWNER First Name			
						Middle Name			
				OWNER ADDRESS (Number, Street)				New address? <input type="checkbox"/> Personal Phone	
				CITY		ST	ZIP	Work Phone	
				COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
LICENSE PLATE #				County	Exp YR	Removed by:	MC CCs		
VEHICLE IDENTIFICATION NUMBER				Dir of Travel		# Occupants			
Insurance Company				Policy Number					
SPECIAL CONDITIONS FOR TRAFFIC UNITS				SPECIAL CONDITIONS FOR TRAFFIC UNITS					
1 Hit & Run 2 Non-Contact 3 Stolen 7 Towed away due to damage 4 Legally Parked 5 Pursued by LE 6 Driverless				1 Hit & Run 2 Non-Contact 3 Stolen 7 Towed away due to damage 4 Legally Parked 5 Pursued by LE 6 Driverless					
01 VEHICLE BODY TYPE LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs) 01 Automobile 10 Single heavy truck >10,000 lbs 02 Motorcycle 11 Truck & trailer(s) 03 Motor scooter or Moped 12 Tractor-trailer(s) 04 Van 13 Cross country bus 05 Pickup truck <10,001 lbs 14 School bus 06 Sport utility veh - SUV 15 Transit (city) bus 07 Camper or RV 16 Other bus 08 Farm machinery 25 Train 09 All-terrain vehicle - ATV 88 Other: 99 Unknown				VEHICLE BODY TYPE LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs) 01 Automobile 10 Single heavy truck >10,000 lbs 02 Motorcycle 11 Truck & trailer(s) 03 Motor scooter or Moped 12 Tractor-trailer(s) 04 Van 13 Cross country bus 05 Pickup truck <10,001 lbs 14 School bus 06 Sport utility veh - SUV 15 Transit (city) bus 07 Camper or RV 16 Other bus 08 Farm machinery 25 Train 09 All-terrain vehicle - ATV 88 Other: 99 Unknown					
01 VEHICLE USE 01 No special use 06 Police 02 Taxi / Limo 07 Ambulance 03 School bus 08 Fire 04 Other bus 09 Mail/Parcel 05 Military 99 Unknown				VEHICLE DAMAGE 00 None 04 Destroyed 01 Damage (minor) 88 Other: 02 Functional 03 Disabling 99 Unknown					
DAMAGE LOCATION AREA First Impact <u>12</u> Major Impact <u>12</u> <input checked="" type="checkbox"/> 14 Undercarriage <input checked="" type="checkbox"/> 15 Windshield <input type="checkbox"/> 16 Other windows <input type="checkbox"/> 99 Unknown <input type="checkbox"/> 17 Entire vehicle damaged <input type="checkbox"/> 88 Other:				VEH. MANU. BEFORE UNSTAB. SIT. 01 Straight/ following road 11 Stopped awaiting turn 02 Left Turn 12 Stopped in traf 03 Right Turn 13 Illegally parked 04 U Turn 14 Disabled in roadway 05 Passing 15 Slowing or stopping 06 Changing lanes 16 Negotiating a curve 07 Avoidance man. 88 Other: 08 Merging 99 Unknown 09 Parking 10 Backing					
VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence) 1 <u>27</u> 2 <u>05</u> 3 <u>27</u> 4 <u>02</u> <input type="checkbox"/> The exact sequence is unknown				VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> <input type="checkbox"/> The exact sequence is unknown					
NON-COLLISION 01 Ran off road right 10 Downhill runaway 02 Ran off road left 11 Trailer swing 03 Crossed centerline 12 Separation of units 04 Overturn/Rollover 13 Jackknife 05 Crossed median 14 Fire 06 Fell/Jumped from veh 15 Explosion 07 Thrown or falling object 16 Immersion in water 08 Cargo loss or shift 88 Other event: 09 Equipment failure (tire, brakes, etc.) 98 Unknown non-coll.				COLLISION WITH 21 Pedestrian 22 Motor veh in-transport 23 Legally Parked Vehicle 24 Train 25 Pedal cycle (bike, etc) 26 Animal 27 Fixed Object 28 Other moveable object 99 Unknown object					

Crash Narrative KDOT Form 851 - Rev. 2019	Officer / Witness Statements / Description Additional Information	Investigating Officer / Badge No. C.STOKES 2285	Local Case No. 20C010471	Page of 3 / 3
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AOI:
AOI DETERMINED BY MARKS STATEMENT AND RESTING POINT.

DRIVER STATEMENT:
D1 STATED THAT HE WAS DRIVING AND A TIRE BLEW AND HE LOST CONTROL OF THE VEHICLE. HE BELIEVED HE WAS DRIVING EB TOWARDS ROCK RD.

WITNESSES:
NONE

INJURIES:
NONE

DAMAGES:
STREET SIGN DESTROYED BELONGING TO THE CITY OF WICHITA.

UTILITY POLE DESTROYED BELONGING TO EVERGY.

V1 DESTROYED BY SEVERE FRONT END DAMAGE.

OPINION:
DUE TO THE TIRE TRACKS AND THE DEBRIS TRAIL. IT APPEARED THAT D1 WAS DRIVING WB N E. 29TH AND STRUCK THE RAISED CENTER MEDIAN. HE STRUCK A SIGN AND CONTINUED OVER THE MEDIAN. THE VEHICLE CONTINUED ACROSS 2 LANES OF ON COMING TRAFFIC AND IT APPEARED TO HAVE WENT OVER THE SOUTH CURB AND EITHER STRUCK A UTILITY POLE OR THE POLE GUIDE WIRE AND SNAPPED THE TOP HALF OF THE POLE OFF. THE VEHICLE WAS TOTALED AND TOWED AWAY AND IMPOUNDED VIA KIDDS TOWING.

D1 SMELLED OF ALCOHOL AND APPEARED INTOXICATED. D1 WAS GIVEN SFST, AND BREATH TEST. D1 WAS BOOKED INTO ADF FOR DUI.